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ABSTRACT

A program was conducted by the New York State Health Deaprtment's Veterans Health Manpower Center (VHMC) from April, 1972, through March, 1979, to serve the health career interests of Vietnam-era veterans. (For two years prior to 1972 the program was carried out by the Health Department's Office of Special Health Manpower Programs.) Since its inception, 6,797 veterans enrolled and availed themselves of the counseling and placement services offered by VHMC. Out of this number approximately 2,800 were placed in health employment or entered health education programs, and an additional 1,470 veterans were place in non-health employment or educational settings. The prime problem which faced the veterans seeking health-care employment was the nonacceptance of their service training and experience as equivalent to civilian education. The overall placement rate was 80%, making the program highly successful. The program met the needs of the medically-trained veterans in New York State and contributed substantially to easing the problems of recruiting and maintaining health care service personnel in the rural, less-populated, and under-served areas of the state. It is recommended that an expanded program be continued to meet the health needs of these areas of the state. (ELG)

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ED173619

NEW YORK STATE OPERATION MEDIHC PROGRAM

Recruitment, Counseling and Referral Services For Vietnam-era Veterans Seeking Health Career Employment and/or Educational Opportunities

FINAL REPORT

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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April 1, 1972 - March 31, 1979

This report is made pursuant to contract No. 231-77-0006. The amount charged to the Department of Health, Education, and Welfare for the work resulting in this report (inclusive of the amounts so charged for any prior reports submitted under this contract) is $596,192.
The names of the persons, employed or retained by the contractor, with managerial or professional responsibility for such work, or for the content of the report, are as follows:

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FOREWORD

Prior to the introduction of Operation MEDIHC, a New York State Veterans Health Manpower recruitment program was in existence and administered by the State Department of Health. The Health Resources Commission, an advisory body to the Department, recognized both the shortage of trained allied health personnel in the civilian sector and the ready availability of such personnel being separated from the armed forces. In October 1969, the Commission proposed a program for recruitment of veterans for civilian health careers. Initial program activity began the following month on a state funded level.

Later, in April 1970, when the U.S. Public Health Service and the Department of Defense instituted the national Operation MEDIHC Program, the State Department of Health was designated the coordinator for New York. On April 1, 1972, the Veterans Health Manpower Center was created by the New York State Legislature under Article 38 of the Public Health Law. At that point in time, the Veterans Health Manpower Center Director and staff became the official coordinator for the MEDIHC Program. The Program continued to provide an extensive range of health career counseling, job referral and placement services to returning Vietnam era veterans with military-medical training and experience who planned to pursue allied health careers in the civilian sector. To date, 6,800 veterans have been enrolled and availed themselves of these services, with a resultant health placement of 2,800 in education or employment or both.

Program activities undertaken during the period November 1969 thru December 31, 1978 are described and supporting statistics appear within the

report proper. Comments on each item of the contract's Scope of Work appear in the section of the report devoted to "Activities, Accomplishments & Problems".

We gratefully acknowledge the personal encouragement, program support and inspiring leadership provided by Ms. Alice B. Frazer, National MEDIHC Coordinator throughout the life of the program in New York State. We continue to appreciate the cooperation of the Military Base Transition Officers over the years which resulted in so many referrals of veterans seeking our services. We are indeed proud of the fact that we have been able to help so many veterans reach their civilian health care objectives in both education and employment.

John E. Bailey

John E. Bailey, Coordinator
New York State MEDIHC Program

New York State Department of Health
Albany, New York

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ABSTRACT

This report reviews the performance of the New York State Health Department's Veterans Health Manpower Center which served as Operation MEDIHC Coordinator in New York State during the period April 1, 1972 thru March 31, 1979. The program was federally funded by a series of yearly grants by the Bureau of Health Manpower, Division of Associated Health Professions, Department of Health, Education, & Welfare in the total amount of $596,192. This sum was supplemented by the substantial contribution of fiscal and staff resources of the New York State Department of Health.

On April 1, 1972, the Veterans Health Manpower Center was assigned a contract by the United States Department of Health, Education and Welfare to coordinate and conduct the Operation MEDIHC Program in New York State. During the approximate two years preceding that date, the program was carried on by the Health Department's Office of Special Health Manpower Programs. Over this span in time, the VHMC staff established and maintained excellent lines of communication with health facility employers and health education institutions statewide. The VHMC designed and carried out effective case-management procedures, generated and collected reliable data and gained credibility with the health community.

From its inception, the VHMC and its predecessor have served the health career interests of 6,800 Vietnam era veterans, placing 2,800 in either health career employment or health education programs at a cost of $195 per placement versus the national average cost of $275. In addition, the VHMC participated in the placement of approximately 1,400

veterans in non-health related employment or schooling. Combining health and non-health placements, the VHMC attained an overall 80% "placement effectiveness" rate.

The New York State Health Department gratefully acknowledges the support provided by all state and local agencies, private and public hospitals, educational and training facilities, military installations, and allied health professional organizations within New York State. The Department appreciates the many past instances of support, advice and consultation received from the U.S. Department of Health, Education, & Welfare Staff and its national network of State MEDIHC Coordinators and staff.

ARTICLE I -- DESCRIPTION AND SCOPE OF WORK

A. Objectives

The Contractor shall furnish the personnel, materials, equipment and facilities necessary to properly phase-out the New York MEDIHC effort of health career counseling and placement referral services for Vietnam-era veterans.

B. Methodology

In pursuance of the above, the Contractor shall specifically:

1. Visit the major military bases within the State on a periodic schedule to counsel and refer those Vietnam-era service personnel who are interested in civilian health careers;
2. Provide health career education counseling, vocational guidance, and employment referral services for Vietnam-era veterans with health backgrounds;
3. Follow-up all health-related placements one year after initial placement to determine current status of applicant;
4. Promote the understanding and acceptance of military allied health education and experience;
5. Maintain a continuing, targeted public information program on Operation MEDIHC for the first nine months of the contract period;
6. Provide for an orderly phase-down or transfer of the program during the last three (3) months of the contract period.

2. Effective April 1, 1978 ARTICLE II is modified as follows:

ARTICLE II -- ARTICLES OF SERVICES TO BE FURNISHED AND DELIVERY TIME

The contractor shall submit to the Health Resources Administration,

Contract Operations Branch, Center Building, Room 9-22, 3700 East-West Highway, Hyattsville, Maryland 20782 - Attention: Contracting Officer, the following items in the quantities and during the time period listed below:

ITEM	DESCRIPTION	QUANTITY	DELIVERY DATES
1	Case Disposition Reports	2 copies	Quarterly: April 15, 1978 July 15, 1978 October 15, 1978 January 15, 1979
2	Quarterly Statistical Reports		Quarterly: (Same as Item I)
3	A draft of a final report covering the entire program effort which will include but is not to be limited to;	3 copies	February 1, 1979
	a. A summary of progress made toward each contract objective, with a discussion of reasons for any failure to progress;		
	b. A description of activities undertaken to accomplish each task specified in the Scope of Work particularly the nature and quantity of cooperative efforts with military and other agencies and organizations and the nature and results of follow-up activities;		
	c. Data showing the number and characteristics of referrals and the results of counseling and referral actions;		
	d. Estimated total program-related expenditures of the State MEDIHC agency. This shall include Federal funds plus State MEDIHC agency generated funding;		
	e. A description of any residual services; and		

ITEM	DESCRIPTION	QUANTITY	DELIVERY DATES
	f. Recommendations The Project Officer will have one month to review the draft and specify any necessary changes.		
4	A final report incorporating any changes specified by the Project Officer.	6 copies	March 31, 1979

A. Definition of purpose of the contract:

The purpose of the contract has been defined as the "identification, enrollment in MEDIHC Program, counseling and referral of New York State Vietnam-era veterans with significant military medical training and experience to either civilian health education or employment opportunities within the State of New York or adjacent states where possible:.

B. Issues addressed under project "scope of work" requirements:

1. Identification and Enrollment of military-medically trained Vietnam-era veterans:

From the onset of the Operation MEDIHC Program, there has been an appreciable degree of difficulty in identifying and enrolling veterans in the program. In the early years, attempts were made to establish a network of Transition Programs at the major Armed Forces bases accounting for the majority of discharges of veterans. However, by contract year 1972-73, the bulk of new program enrollments (515) were directed to the Center by Transition Officers located at Griffis Air Force Base, Rome, NY and Plattsburgh Air Force Base, Plattsburgh, NY and St. Albans Naval Hospital, St. Albans, (Queens) NY. In 1974, computerized printouts of all New York State veterans being discharged were made available to the Center, and resulting in a substantial increase in new enrollments for the next contract year. This important source dried up in November '77. For the contract years, '74, '75, and '76, new enrollments averaged 1150/year. Attrition brought about a drastic reduction in 1977 to a total of 570 new enrollees despite the introduction and implementation of an agressive Public Relations Program (Radio & TV) two years pre-

viously. Cooperative efforts with the New York State Department of Labor, Division of Employment Services had produced substantial numbers of new enrollees but that source also suffered noticeably with the advent of the aforementioned attrition factor. Current applicant case load has been reduced to approximately 200 in number.

2. Counseling and Placement Activities:

Counseling and Placement activities involved cooperative working arrangements with the applicants, potential employers and educators. Wheras during the "peak" years when enrollments averaged 1150 (see above), during the first nine months of the current contract period, 252 applicants were enrolled. However, successful health placements totaled 276 - 175 in health employment and 101 in health education programs. Two categories accounted for 45% of the placements in health occupations - 23% in Nursing and related activities and 22% in other health professional and technical fields. Non health placements totaled 169 in number. Successful placements of all kinds totaled 445.

3. Follow-up of Health-related Placements:

At 6 month and one year intervals following successful health placement, applicants are asked to report their status with respect to said placement. Throughout the nine year life of the program, we have obtained a 30-40% response to the follow-up questionnaire. During the present contract year, 110 responses were received, representing a response rate of 24.7%.

There were 91 respondees who remained successfully placed - a success rate of 82.7%.

4. Visits to the major military bases in New York State:

Staff Counselors conducted a series of periodic meetings with service personnel at the following military institutions:

Fort Hamilton, Brooklyn, New York

Rome Air Force Base, Rome, New York

Hancock Field, Syracuse, New York

Plattsburgh Air Force Base, Plattsburgh, New York

Arrangements at each base were planned in cooperation with the Base Education Officer. MEDIHC materials were distributed and enrollments solicited from those personnel slated for discharge in the near future. Additional information relating to the MEDIHC Program in other states was provided as requested. Sets of MEDIHC material were left with the Base Education Officer for distribution to personnel unable to attend a particular meeting. During the "peak" years of the MEDIHC Program, visits to military bases accounted for approximately 25% of the new referrals accounted for but 7.9% of all new referrals (252) from all sources combined. Programs co-sponsored by MEDIHC and local Armed Force Reserve Units identified additional health care training opportunities for newly discharged veterans and proved to be a valuable tool in increasing health placements. Because fewer medically-trained personnel are "coming out" as a result of concerted efforts by the military to retain both

technical and professional health care specialists, we are led to believe that this one-time excellent source for new referrals has all but "dried up".

5. Promote civilian acceptance of military allied health education and experience:

In promoting the acceptance of military training as the equivalent of civilian academic courses, MEDIHC Counselors participated in programs in educational institutions, identified boards giving certification examinations and maintained current information on legislation affecting veterans.

Continuing efforts were made with the New York State Education Department as well as other agencies and private concerns to bring about some modicum of acceptance of civilian allied health education. The Education Department is preparing a program to enable medically-trained veterans (91B's) to sit for a "test exam", with successful candidates then being given further consideration for sitting for the Official LPN Licensing Examination conducted by that agency.

Veterans continued to experience academic restraints. A large percentage of the 165 new enrollees who sought health career education indicated that these severe restraints, primarily the failure of most educational institutions to grant credit for military-medical training and experience, prevented their successful entry into a health career education program.

Those remaining veterans who sought employment (87) experienced severe civilian licensure and credentialing constraints which

for the most part prevented their gaining employment in their health career specialty and forced many to accept the less desireable orderly type jobs or leave the health field completely.

6. Maintain a continuing targeted Public Information Program: The Veterans Health Manpower Center's Public Information Program consisted primarily of Radio and TV broadcasts of Public Service Announcements (PSA's) describing the VHMC Operation MEDIHC Program by stations in all metropolitan areas of the state. The program information reached a majority of Vietnam-era veterans and/or their families and resulted in bringing about a substantial number of new referrals.

The Resume Portfolio distribution on a bi-monthly basis not only resulted in a reasonable number of veteran job placements but also alerted potential medical employers to our existence as a preferred source of medically-trained veterans seeking health care employment opportunities. A substantial number of job orders have been filed with the VHMC in the past two years as a direct result of this method of resume distribution and job referral technique.

C. Description of the methodological approach and analytical procedures employed in:

1. Recruitment

The methods used to enroll medically-trained Vietnam-era veterans in the Operation MEDIHC Program have remained essentially the same throughout the long life of the program proper.

Enrollees were solicited thru various avenues such as Military Base seminars; Radio and Television "commercials"; thru co-operative efforts with other state agencies such as the State Division of Employment Services and the State Division of Veterans Affairs; thru close contact and cooperation with the U.S. Veterans Administration; thru similar efforts with City and County CETA program officials and counselors; and with private industry employment programs such as the National Alliance of Businessmen's program entitled HIRE.

Recruitment efforts, and more importantly the results, were analyzed regularly by means of making statistical comparisons at the end of each "quarter" thru the use of successive program quarterly reports. Wherever indicated, specific recruitment methods were strengthened and/or improved in order to bring about a desired increase in program enrollment.

2. Placement

The methods used to place medically trained Vietnam-era veterans remained essentially the same throughout the program life. However in most recent years, some innovations were made which enabled the program to maintain its traditionally high placement rate. For the period April 1 thru December 31, 1978, there were 252 new enrollees. During the same period, Center staff made 256 health placements. The placement success rate reached its highest level ever at 101.6%.

The prime method utilized in attaining such marked success was

the distribution of a bi-monthly Veterans Resume Portfolio (containing 45-50 individual resumes) to some 600 potential employers of health care personnel. By means of the same document, new job orders were solicited and subsequently received in considerable number. Additional potential employers were reached by way of Radio & Television Public Service Announcements again resulting in an increase in new job orders and the subsequent successful referral and placement of our Veterans.

Placement procedures and results were analyzed quarterly in the same manner as the recruitment efforts. Wherever indicated, specific placement methods were strengthened and/or improved in order to bring about a desired increase in program placement successes.

D. Summary of Findings, Conclusions and Recommendations:

1. Findings

In the course of review of the New York State Operation MEDIHC Program from its inception in April 1970 thru December 31, 1979, we find that there were 6,797 veterans enrolled who availed themselves of counseling and placement services offered by the VHMC. We were unable to sustain contact with 1,470 after initial entry and this resulted in closing of the individual files without an opportunity to help the veteran attain his health career objective. We worked then with a core of 5,327 and attained a very significant degree of success in placement in both the health and non-health employment and educational areas.

1,712 veterans were placed in health employment and an additional 1,129 entered health education programs. The successful health placement rate is listed as 53.3%. An additional consideration of the 1,470 veterans placed in non-health employment or educational settings shows that the "overall" placement rate became a remarkably high 80.9%.

The prime problem which faced veterans seeking health care employment opportunities was the inability to meet licensing and/or certification requirements based on the non-acceptance of their service education, training and experience as equivalent to civilian requirements. Veterans seeking entry on an "advanced standing" basis were, for the most part, unable to obtain agreement that their service medical training and experience were equivalent to any appreciable degree to even the most basic, entry level health education courses. The resultant discouragement led many veterans to abandon any and all plans for a health career in civilian life. Extensive efforts were made by this unit to gain some concessions from the State Education Department locally to little or no avail.

2. Conclusions

We conclude initially that the Operation MEDIHC Program in New York State prospered and flourished throughout its lifetime. All program objectives were met with a greater or lesser degree of success in that over 80% of all veterans worked with were successful in attaining their primary or secondary employment and/or educational goals as an end result of program recruitment, counseling and placement activity.

The program met the needs of the medically-trained Vietnam-era veterans of New York State and contributed substantially to the easement of the problem of recruitment for and maintenance of health care services in the rural, less-populated, under-served areas of the state.

The VHMC became established as a state focal point for and a new source of medically trained veterans to whom many health care facility personnel administrators turned for their allied health personnel needs.

The standard operations and procedures utilized in the Operation MEDIHC Program have stood the test of time. Over an eight year period, the expertise and know how developed by MEDIHC staff has contributed greatly to the outstanding MEDIHC Program success achieved to date.

3. Recommendations

It is generally accepted by both State and Federal Allied Health Manpower specialists that a definite pattern of maldistribution of Allied Health Manpower exists in New York State (to a greater or lesser degree than other northeastern states). The pattern might better be described as one pointing up the existence of "hard to fill" jobs and unavailability (or shortage) of qualified allied health personnel to fill those jobs, almost exclusively located in the upstate, rural regions. While there are no appreciable statistics available to substantiate these "suspicions", it would seem that the matter could be accepted

on the face value of experiences encountered during the Operation MEDIHC Program. Therefore, it is recommended that the current NYS MEDIHC Program staff be utilized to deal with the anticipated problem of allied health manpower maldistribution, under a proposed Expanded MEDIHC Effort Program.

SUMMARY OF MEDIHC PROGRAM ACTIVITIES & ACCOMPLISHMENTS -- 1972 - 1978

1. General Considerations

a. The MEDIHC Program first became operational in New York State on April 1, 1972. Funded by the U.S. Department of Health, Education and Welfare by means of a series of yearly contracts in effect thru March 31, 1979, the Veterans Health Manpower Center as New York State Coordinator has provided continued assistance to approximately 6,800 veterans of Vietnam-era military service. Of that total number of enrollees, 4,200 were placed in either health or non-health related employment or educational programs. The successful placements can be further divided into 2,800 health and 1,400 non-health. An additional 1,470 veterans were enrolled in the program but after initial counseling efforts, chose either to withdraw from the program or expressed no further interest. After several sincere efforts on the part of the staff counselors to re-establish contact proved fruitless, a decision was made to discontinue efforts to assist or try to assist this group which at the program's end comprised 21.1% of the enrollments over the life of the program. When this large number of veterans is subtracted from the total number of enrollees, we find that there were some 5,330 veterans who availed themselves of the Center's services. Considered in this actual set of circumstances, the program's success is brightly reflected in the health related placement rate of 53% and the overall placement rate of 80.1%.

b. VHMC staff participated in many job and educational fairs conducted in several areas statewide primarily for returning Vietnam-era veterans.

The staff counselors joined with representatives of other such New York State agencies as the Division of Veterans Affairs, the Department of Labor, Department of Education, staff from local colleges and universities, members of various veterans organizations such as the American Legion, Amvets, Veterans of Foreign Wars, Disabled Vets, and others. In most instances, staff counselors were able to enroll limited numbers of veterans in the MEDIHC Program and subsequently place one or more in health jobs or health training programs. On the whole, however, immediate placement results were not all that good. Participation in this type of fair for veterans did increase the "visibility" of the program with the general public and private industry and in turn led to the development of strong liason and rapport between the Center staff and potential health employers and health educators that proved very useful later.

c. MEDIHC staff counselors participated in seminars for service personnel preparing for discharge at the major military bases in New York State on semi-annual and annual schedules throughout the life of the program.

d. From the beginning, MEDIHC has wrestled with the problem of the obstinancy of civilian health educators, licensing and certification agencies and potential employers to even discuss the matter of equivalency of the military medical training and experience that veterans offer when seeking entry to a health education training program, licensure and certification examinations and entry level health related employment. Over the years, the VHMC has made extensive efforts to reach agreement with our sister state agency, the Education Department, that veteran medical specialists such as the 91B should be allowed to sit for the New York State Licensed Practical Nurse examination. We have made

some inroads and some apparent progress in that a mechanism of re-evaluation of 91B's credentials is being devised by the Education Department presently. We have hopes of gaining the same degree of encouragement from other groups, but not necessarily in the foreseeable future.

e. In 1974, VHMC staff devised a method of mass distribution of job-seeking veterans resumes to over 600 potential health employers across New York State on a bi-monthly basis. Each edition of the "Resume Portfolio" contained 50 to 55 resumes of job seeking veterans located in the 5 individual health regions of the state. The distribution pattern was concentrated primarily on reaching health care facilities statewide; however, multiple copies were dispensed to other state agencies such as the Division of Employment Services of the Department of Labor, Division of Veterans Affairs and the Education Department for use by their regional representatives located throughout the outlying areas of the state. This document was received with enthusiam by potential employers and many health placements eventually resulted directly from its usage. An added "bonus" proved to be an influx of first-time job orders from several facilities and the firm establishment of the VHMC as an important source of employable health care technicians and professionals.

f. In the beginning years of the MEDIHC Program in New York State, there seemed to be relatively little "visibility" for the Veterans Health Manpower Center and the services it provided to Vietnam-era veterans with military-medical training and experience. Program identity seemed well-established only at Military Bases in the state which offered the soon to be discharged personnel a military to civilian Transition Program. In an effort to reach qualified veterans already discharged as well as to inform the employers

of health care personnel and the public at large, a positive and forceful Public Relations campaign was launched. Schedules were set up across the state with all major network Radio and TV stations for the broadcast of Public Service Announcements describing services offered by the Center. Substantial increases in both veteran enrollment and job orders invariably followed these broadcasts.

g. MEDIHC staff have served as members of the New York State Veterans Affairs Commission at the request of the State Commission of Health and the Governor's Office. In that capacity, we have participated in several meetings designed to address the many problems faced by the Vietnam-era veterans of New York State. Additional participation in meetings, seminars, conferences, etc. was affected to a greater or lesser degree with private industry, with positive results. We particularly appreciate the cooperative efforts received from members of the National Alliance of Businessmen, CETA Program staff and officials and members of the (HANYS) The Hospital Association of New York.

2. Specific considerations relating to Contract "ARTICLE I - DESCRIPTION AND SCOPE OF WORK".

a. Visits to Military Bases

Under the 1978-79 contract, the VHMC agreed to "Visit the major military bases within the State on a periodic schedule and to counsel and refer those Vietnam-era service personnel who are interested in civilian health careers." This required activity was one that was common to all past contracts from the onset of the MEDIHC Program. VHMC staff counselors made semi-annual and annual visits to the following military installations: Fort Hamilton, Brooklyn, NY; Griffis Air Force Base, Rome, NY; Hancock Field Air Base, Syracuse, NY; and the Plattsburgh Air Force Base, Plattsburgh, NY. Sufficiently in advance of the visit, the Staff Counselor contacted the Base Transition Officer in the initial years of the Program and (in recent years, the Base Education Officer) planned "mini-seminars" for those service personnel coming up for separation in the near future. On the appointed date, staff counselors held group and individual counseling sessions for personnel who wished to enroll in the MEDIHC Program in New York State. In instances where the personnel planned to relocate to other states, their referral form and other pertinent information gathered at the site was forwarded to the MEDIHC Program Coordinator in the state or states of their choice and designation. In later years, when MEDIHC Programs, in many other states had ended, these personnel were referred to such state agencies as the Veterans Employment Office, the Local Employment Service Office

and the specified State Department of Labor.

Subsequent to the enrollment and counseling of the service personnel, efforts were begun immediately to refer each to either an employment or educational opportunity in New York State in keeping with his or her military medical training and experience. Whenever needed, assistance was provided to the enrollee in the preparation of an in-depth resume of his or her medical training and experience; the completed resume to be an important cog in the successful referral and placement system used by the Center staff counselors.

In terms of program success or failure, this particular activity made significant and substantial contributions to the total number of Vietnam-era veterans enrolled, counseled and referred for successful placement subsequently. Many service personnel were referred to the New York MEDIHC program by neighboring northeast states such as New Jersey, Pennsylvania, Vermont, Massachusetts and Connecticut as well as from several of the southern state MEDIHC agencies that served in the National MEDIHC Network.

Most recently, however, staff counselors have discontinued visits of this nature primarily because there are very few medically trained service personnel up for separation. Many have "signed over" because of the Military Services extended beefing up of incentives that make continued service life so attractive when compared to the life of the present day civilian who constantly struggles with economic instability, inflation, unemployment, social unrest, and in many instances, an aura of moral decay. It would seem that the choice to remain in the service has been a relatively easy and sane one.
(16)

b. Provision of Counseling, Vocational Guidance & Referral Services

This current contract committment was common to all previous MEDIHC contracts and was met by continuing to utilize the "proven, effective, and successful" methods and procedures of the past. As stated elsewhere, in the early years of the program, a relatively small percentage of available veterans were aware of the services offered by New York MEDIHC. In the programs third year, (1974) the number of veterans enrolled and counseled rose dramatically to a total of 1,100 and this pattern was repeated in 1975, 1976 and 1977. During these four peak years, enrollments averaged out at 1,100 per year. MEDIHC staff counseling capabilities were taxed to the limit in efforts to handle such a large caseload of veterans who expressed many diverse interests in a wide variety of civilian health careers. Individual analyses of the veteran's qualifications based on his or her military medical training and experience enabled staff counselors to guide the individual toward that civilian health career objective for which he or she seemed best fitted. Where additional formal training on a civilian level was called for in order to meet state licensing and certification requirements, the individual veteran was advised to seek that formal training, and to meet accompanying expenses of tuition and subsistence thru the use of the G.I. Bill allotments earned thru his years of service. Appropriate health career information fact sheets advised the veteran what formal training requirements had to be met, what New York State Educational Institutions offered the required courses and where the schools were located. The veteran was further advised to write directly to the

selected school or schools and make inquiry about current enrollment procedures and other pertinent data. Fully 65% of the enrollees during this period opted for employment and/or employment-schooling opportunity. Staff counselors were able to assist the veteran in the preparation of an in-depth Resume of his or her military-medical training and experience. This document proved invaluable to the referral process in which staff counselors distributed same to potential health care employers on behalf of the individual veteran. A large number of referrals made in this manner resulted in a substantial number of health care employment placements. During the peak years being considered presently, health placements totaled 1,613 and non-health related placements totaled 636. The combined total reached 2,249. During the period of the final contract January 1 thru December 31, 1978, 600 veterans enrolled in the Program. All received counseling, vocational guidance and referral for placement services as previously described. There were 381 health placements and 212 non-health related placements for a combined total of 593 placements. The rate of success by the Center in achieving placements is over 80% of all applicants seeking aid. Of prime concern is the 53% health placement rate which translates into a group of 2,800 military-medically trained veterans who have significantly contributed to the alleviation of the problem of Allied Health Personnel shortages in New York State.

c. Follow-up Health Related Placements

Throughout the life of the Program, all health placements were followed-up at least twice, that is, at both 6 months and one year intervals from the date of placement. The procedure called for an initial effort to reach the veteran directly by telephone. When the veteran was not available, a member of his family on occasion was able to verify his continued health employment or the fact that he continued to be enrolled in a health care technical or professional educational or training program. When this approach failed, follow-up questionnaires were mailed out with a request for completion and prompt return. The response rate to the follow-up questionnaire mailings averaged 35% per mailing. Upon receipt of the follow-up questionnaires, individual analyses were made which gave rise to the following facts and conclusions:

1. The 35% response rate was almost identical to that reported by other State MEDIHC Programs across the country.
2. During the 1978 contract year, 101 out of 140 veterans previously placed in either health employment or health education have reported a successful "current status" after both 6 months and 12 months intervals following the closure date. Eighty eight 6-month follow-up reports showed 63 veterans in a successful status; fifty two one year follow-up reports showed 38 veterans in a successful status. These figures translate into a health closing success rate of 72%.
3. Those veterans who responded negatively listed a variety of reasons for either leaving the health employment or the health

education training program in which they were enrolled. The dominant reason seemed to be either that the job was "dead-ended with little chance for advancement" or the pay was inadequate to meet their financial obligations. The latter reason was frequently given by men who provided the sole support for a family of three or more. Almost all of employment termination concerned jobs such as Orderly, Nurse Aid, Ward Clerk, etc. which historically rest at the bottom of the pay scale.

Those veterans who left health training programs did so primarily because of scholastic difficulties, financial difficulties, a combination of both, or because of a desire to pursue totally different career objectives outside the health field. Change in career objectives frequently resulted from frustrations encountered by veterans attempting to obtain "equivalency" credits for health education and experience gained in the military service.

d. Promote the Understanding and Acceptance of Military Allied Health Education and Experience

A major problem faced by veterans wishing to enter the civilian allied health field employment or education was that prospective employers and educational institutions often failed to recognize all or even portions of military allied health training and experience. This manifested itself in underemployment of qualified veterans and duplicity of training for many veterans in training or academic programs.

In an effort to increase the acceptability of military training and experiences toward advanced academic standings, the VHMC worked closely with the Servicemen's Opportunity Colleges (SOC's) located within the State and the New York State Regents External Degree program. Advance standing gained was applied to degree matriculation sequences within the State University system. Veterans were advised of the credit recommendations of the American Council on Education publication The Guide to the Evaluation of Educational Experiences in the Armed Services. Each veteran was given material excerpting the Guide's credit recommendations that applied to his particular military job specialty.

In cooperation with the Center, the Nursing Education Unit of the State Department of Education began an investigation into the equivalency of military medic or hospital corpsman training toward equivalency qualification of separatees to take the State examination for Licensed Practical Nurse.

The State Education Department had not officially recognized medic training as equivalent to education programs for the LPN. A portion of the qualification requirements could be based on prior military medical training. We envisioned that a proficiency examination could be developed to test individual levels of achievement toward LPN requirements. Level or tested proficiency would then establish a "starting" point for curriculum development for an abbreviated LPN course.

Military equivalency of training enabled the State Health Department and local agencies to gear up for and carry out the national Swine Flu innoculation program, relying heavily upon separated medics in the newly developed organizational structures. Veterans were placed in administrative and innoculation positions. When the program was reduced many of these medics remained in their jobs to assist the Department in its measles innoculation program for children.

The New York City area Veteran Administration hospitals have had to adopt a policy of assisting primarily those veterans who have been separated from service for less than one year.

The New York State Regents External Degree program provided an opportunity for separatees to establish civilian certified competency in various fields, including nursing. The Center suggested this degree program to those veterans with considerable experience in the nursing field. Candidates who successfully completed a series of proficiency exams and performance evaluation were eligible to

receive an Associate Degree in Nursing. Comprehensive examinations are available in many content areas for accumulation of college credits that may be applied to degree matriculation sequences within the State University system. A combination of successful examinations for competency and matriculation in two and four year colleges was often recommended to separatees.

We worked closely with the Department's Bureau of Radiologic Technology, referring veterans with appropriate training as Radiology Technicians for licensing eligibility in this occupation. The Bureau redefined licensing requirements and established equivalencies for documented military training.

The Center continued cooperation with the Bureau of Emergency Health Services for acceptance of qualified ex-medics as Certified Emergency Medical Technicians. Veterans assisted in obtaining such certification eventually were employed as ambulance attendants. A qualified veteran was placed in a supervisory position within the Bureau. We continued to realize a high degree of success with separatees for both certification and training as Emergency Medical Technicians.

The Center was also involved in referring separatees to testing centers for high school equivalency diplomas. A high degree of success was achieved at the Charles Evans Hughes High School in New York City which offered testing three times each week. This permitted separatees to immediately overcome this education or employment placement obstacle.

e. Maintain a Continuing, Targeted Public Information Program

In April of 1976, Center staff drastically revamped and improved it's Public Information Program. Prior to that date and particularly during the early years of Operation MEDIHC, direct contact with the general public was rather rare if not totally non-existent except for an occasional newspaper item carried on the wire services. Public service announcements were prepared and distributed for broadcast by radio stations serving all major cities statewide. A thirty second television tape was produced as a result of cooperative efforts of the Center, the State Health Department's Office of Health Education and Communication and the American Broadcasting Company's local television station, WAST-TV, Channel 13. The original tape was used to make 10 copies which were then distributed to commercial TV stations in New York City, Buffalo, Rochester, Syracuse and the Albany-Troy-Schenectady Capital District area. Over the intervening years, frequent personal contact was maintained with the programming officers of the TV stations so that the Tapes could be aired several times during a two-week time span at three months intervals throughout the year.

On at least three occasions, Center staff appeared on local radio talk shows for the purpose of advising the public of the role of the Center in assisting Vietnam-era veterans. Response to the Radio and TV Public Service announcements invariably led to a marked influx of new enrollments as well as requests for more specific information by families of veterans either still in the Services or residing elsewhere.

Staff counselors made frequent visits to local colleges and community colleges to talk directly with and enroll Vietnam-era veterans and to discuss health education options with those veterans planning to continue study toward a four year degree. The college Veterans Counselor was very helpful in arranging these seminars with interested veterans.

Staff Counselors attending college or community health fairs distributed program materials that assisted veterans in the selection of either continuing or new health career educational programs.

Initially, a mailing was made to the administrators of all hospitals and health care facilities in the State describing the Center's activities and offering assistance in filling staff vacancies. Enclosed was the Center's Brochure describing its functions as well as a number of Job Order forms to be completed and returned in an effort to enable the Center to refer qualified veterans for consideration for existing staff vacancies. Subsequently, the Veterans Resume Portfolio was created and mailed to over 600 potential health employers statewide on a bi-monthly basis.

A continuing phase of the Public Relations program was the frequent distribution of MEDIHC posters and referral forms to state agencies, health facilities and potential health employers. The New York State Labor Department's Division of Employment Services Employment Counselors were very helpful to Center staff in advising unemployed veterans of our services and many new referrals and subsequent successful health placements can be attributed to their cooperative efforts with Center staff.

In September of 1976, the Center hosted the Region II and Region III combined MEDIHC Conference. Conference leaders included representatives from the U.S. Department of Health, Education and Welfare, U.S. Department of Defense, Veterans Administration, Hospital Association of New York State, and from the New York State Departments of Health, Education and Labor respectively.

Topics presented included those dealing with major trends in hospital staffing, accreditation, external degree programs, occupational training centers, placement practices and techniques, and current effort toward development of a universal health education and training transcript. The two day conference not only led to a wider degree of visibility for the New York State MEDIHC Program, but even more importantly, allowed for an excellent and productive interchange of ideas and successful program practices between the MEDIHC staff of participating States.

f. Provide for an Orderly Phase-Down or Transfer of the MEDIHC Program During the Last Three Months of the Contract Period

The Veterans Health Manpower Center's Director and Staff have initiated those steps found necessary to bring about an orderly "phase-down" of the Operation MEDIHC Program in New York State during the last three months of the contract period, that is, the period January 1 through March 31, 1979.

APPENDIX

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NEW YORK STATE MEDIHC PROGRAM

OPEN CASELOAD AT CLOSE OF YEAR 1969 THROUGH 1978

1969	1970	1971	1972	1973	1974	1975	1976	1977	1978
(212)	(450)	(703)	(229)	(227)	(384)	(584)	(850)	(548)	(121)

* Start of MEDIHC Program

Open caseload represents veterans not yet accepted for enrollment in schools and colleges and those actively seeking health employment but not placed.

NEW YORK STATE MEDIHC CASELOAD - APRIL 1, 1972 THRU DECEMBER 31, 1978

Total Applications		6797
Total Closed Cases		6676
Health Related Closing		2841
work	1644	
school	1129	
work & school	68	
work-training	0	
Non-Health Placements		1470
Re-enlistments		73
Transferred out of State		145
Closed for other reasons		2147
Total Active Cases		121
Cases Successfully Closed	67.8%	
Health related-work	24.6%	
Health related-school	16.9%	
Health work & school	1.0%	
Total Health Related	42.6%	
Non-Health	22.0%	
Re-enlistments	1.1%	
Transferred	2.2%	
Closed for other reasons	32.2%	

NEW YORK STATE MEDIHC PROGRAM

CLOSED CASELOAD PER YEAR 1969 - 1978

1969	1970	1971	1972	1973	1974	1975	1976	1977	1978
(23)	(177)	(278)	(913)	(523)	(977)	(888)	(1036)	(962)	(790)

* Start of MEDIHC Program

Caseload closings result from education or job placement, discontinued interest in health career by registered veterans or inability to maintain contact with veterans.

NEW YORK STATE MEDIHC PROGRAM

DISTRIBUTION OF SUCCESSFUL/UNSUCCESSFUL CASE CLOSURES
1972-1978

TOTAL APPLICANTS	6796		100%
Work full time		1578	23%
Work & School		3358	49%
School full time		728	11%
Objective not determined		1133	17%
CLOSED CASES		6676	
		-145[2]	
	6531		100%[1]
SUCCESSFUL	2914		44%
Work		1644	25%
School		1129	17%
Work & School		68	1%
Work training		0	
Reenlist		73	1%
UNSUCCESSFUL	3617		55%
Non-Health		1470	22%
Lost Contact		2147	33%
REMAINING ACTIVE CASES	121		
Not yet separated		3	
Referred but placement not confirmed		118	

[1] Does not equal 100% due to rounding

[2] Total applications placed out of State

NEW YORK STATE MEDIHC PROGRAM

DISTRIBUTION OF CASE CLOSURES BY OCCUPATIONAL FIELD AND PLACEMENT
(Fiscal year 1972 thru Fiscal year 1978)

OCCUPATIONAL FIELD/MAJOR CATEGORY	TOTAL	WORK ONLY	WORK/ SCHOOL	WORK/ TRAINING	SCHOOL ONLY	PERCENT
NURSING AND RELATED SERVICES	506	326	5	2	173	23%
OTHER HEALTH PROF AND TECH	482	335	4	1	142	22%
LABORATORY SERVICES	298	148	5		145	14%
PHYSICIANS AND INDEP PRACT AND PHYSICIANS SUPP PERSONNEL	262	81	2		179	12%
OTHER HEALTH RELATED AND NON-HEALTH PROF AND TECH	223	126	2		95	10%
ADMINISTRATION	184	131	3		50	9%
RADIOLOGICAL SERVICES	107	56			51	5%
DENTAL SERVICES	46	21			25	2%
ENVIRONMENTAL HEALTH	36	24			12	2%
BIOMEDICAL ENGINEERING AND INSTRUMENTATION	27	13			14	1%
TOTALS	2171	1261	21	3	886	100%

(5)

NEW YORK STATE MEDIHC PROGRAM

ANALYSIS OF CLOSED CASES
1972 Through 1978

	1972*	1973	1974	1975	1976	1977	1978	Total Program	Percent Entire Program **
CLOSED CASES	1491	532	977	888	1036	962	790	6676	100%
SUCCESSFUL	663 44%	234 44%	456 47%	341 38%	416 40%	369 38%	362 46%	2841	43%
Health Job	390	156	278	174	210	220	216	1644	25%
Health School	222	78	170	164	205	146	144	1129	17%
Job & School	51	0	8	3	1	3	2	68	1%
UNSUCCESSFUL	828 56%	298 56%	521 53%	547 62%	620 60%	593 62%	428 54%	3835	57%
Re-enlisted	11	12	12	5	8	6	19	73	1%
Transfer out of State	0	23	48	48	16	7	3	145	2%
Non-Health	341	101	179	214	220	203	212	1470	22%
Lost Contact	476	162	282	280	376	377	194	2147	32%

* Statistics reflected in this column are cumulative and represent statistics from the start of reporting up to and including December 31, 1978.

** Does not equal 100% due to rounding.

Appendix F

(6)

STATUS AND CHARACTERISTICS OF NEW YORK STATE MEDIHC CASELOAD
January 1, 1978 - December 31, 1978

NEW REFERRALS

AGE AT REGISTRATION

	Totals	Percent
Under 21	19	5.2%
21-25	123	33.9%
26-30	119	32.8%
31-35	47	12.9%
36-40	22	6.1%
40+	33	9.1%
Total New Referrals	363	

YEARS OF EDUCATION

YEARS	TOTAL	PERCENT
8	0	0
9	0	0
10	6	1.6%
11	5	1.4%
12	131	36.1%
13	57	15.7%
14	60	16.5%
15	18	5.0%
16	54	14.9%
17+	29	8.0%
Not Reported	3	0.8%
Totals	363	100.0%

STATED CAREER OBJECTIVE AT REGISTRATION

CAREER DESIRED	NUMBER	PERCENT
Physicians Assistant	39	10.7%
Medical Laboratory	47	12.9%
Administration	41	11.3%
Radiologic Technologist	15	4.1%
Physical Therapist	7	1.9%
Licensed Practical Nurse	18	5.0%
Registered Nurse	18	5.0%
Respiratory Therapist	12	3.3%
Orthopedic Technologist	5	1.4%
Emergency Medical Technician	57	15.7%
Nurse Aid/Orderly	21	5.8%
Operating Room Technologist	12	3.3%
Totals	363	100.0%

(cont.)

STATUS AND CHARACTERISTICS OF NEW YORK STATE MEDIHC CASELOAD
January 1, 1978 - December 31, 1978

SEPARATION STATUS AT REGISTRATION

	MONTHS TO APPLICATION					
	1-3	4-6	6-12	13+	TOTALS	PERCENT
Before separation	14	13	6	9	42	11.6%
After separation	41	26	27	214	308	84.8%
Not reported	-	-	-	-	13	3.6%
Totals					363	100.0%

STATED OBJECTIVE AT REGISTRATION

	NUMBER	PERCENT
Work	86	23.7%
School	16	4.4%
Both	228	62.8%
Not reported	33	9.1%
Totals	363	100.0%

MARITAL OBJECTIVE AT REGISTRATION

	NUMBER	PERCENT
Single	181	49.9%
Married	166	45.7%
Other	9	2.5%
Not Reported	7	1.9%
Totals	363	100.0%

VETERANS HEALTH MANPOWER CENTER
PROCEDURES

Veteran Health Manpower Center (VHMC)	1. Receives monthly printout for review of newly discharged veterans with potential for military experience directed into health career. (MEDIHC)
	1a. If information together with MEDIHC referral forms are received directly from veteran or Washington prepare case folder and go to step 8.
	2. Forwards to veteran form letter #2 together with two copies of MEDIHC referral form or form VHMC 9.
Veteran	3. Completes and returns one copy of form to VHMC within 2-4 weeks.
VHMC Counsellor	4. Contacts veteran by telephone if form is not returned within that time.
	4a. If veteran indicates he is not interested in a health career, discontinue further action.
	4b. If veteran indicates he is still interested, allow 10 work days for him to complete and return MEDIHC referral form to VHMC.
	5. Contacts veteran by telephone again if after 10 days completed form is not received.
	5a. If unable to make telephone contact send second follow-up form letter #2 and allow 10 work days for reply.

Veteran

6. Prepares and submits MEDIHC referral form to VHMC.

VHMC Counsellor

7. Prepares case folder when MEDIHC form is received and veteran indicates interest in placement or training.

   7a. If veteran is already in health work or is in school, close case as placement.

<u>Veteran Desires Health Work</u>

VHMC Counsellor

8. Sends to veteran form letter #3 together with guidelines for preparing and submitting a resume to VHMC.

9. Contacts veteran by telephone if resume is not received within 10 work days.

   9a. If unable to reach veteran by telephone sends card.

10. Allows 10 more work days and if resume is not received from veteran makes second telephone call.

    10a. If unable to make telephone contact, sends second card to veteran.

11. Allows 10 work days again and if resume is not received contacts veteran by telephone.

12. Obtains data by telephone and prepares resume.

    12a. If unable to make telephone contact, sends follow-up letter #4.

VHMC Counsellor (continued)

13. Upon receipt, distributes resume with form letter #5 to prospective employers.
14. Sends to veteran form letter #6 with list of employers to whom resume was sent.
15. Recommends that veteran make personal contact with employers in two or three weeks and/or the Division of Employment if he is still unemployed and interested in placement.
16. Contacts veteran by telephone to review progress and to note developments.
17. Follows up with prospective employers as appropriate.
18. Continues follow-up with veteran at 2-week intervals using form letter #7 until placement is made.
19. Closes case when:
    a. veteran finds health job.
    b. veteran decides against health job.

Veteran Interested in Education or Training

VHMC Counsellor

20. Sends to veteran form letter #8 together with fact sheets, school lists and G.I. bill data relative to desired education or training in a health career.
21. Requests that veteran notify VHMC of progress made regarding selection of school or program.

VRMC Counsellor (continued)

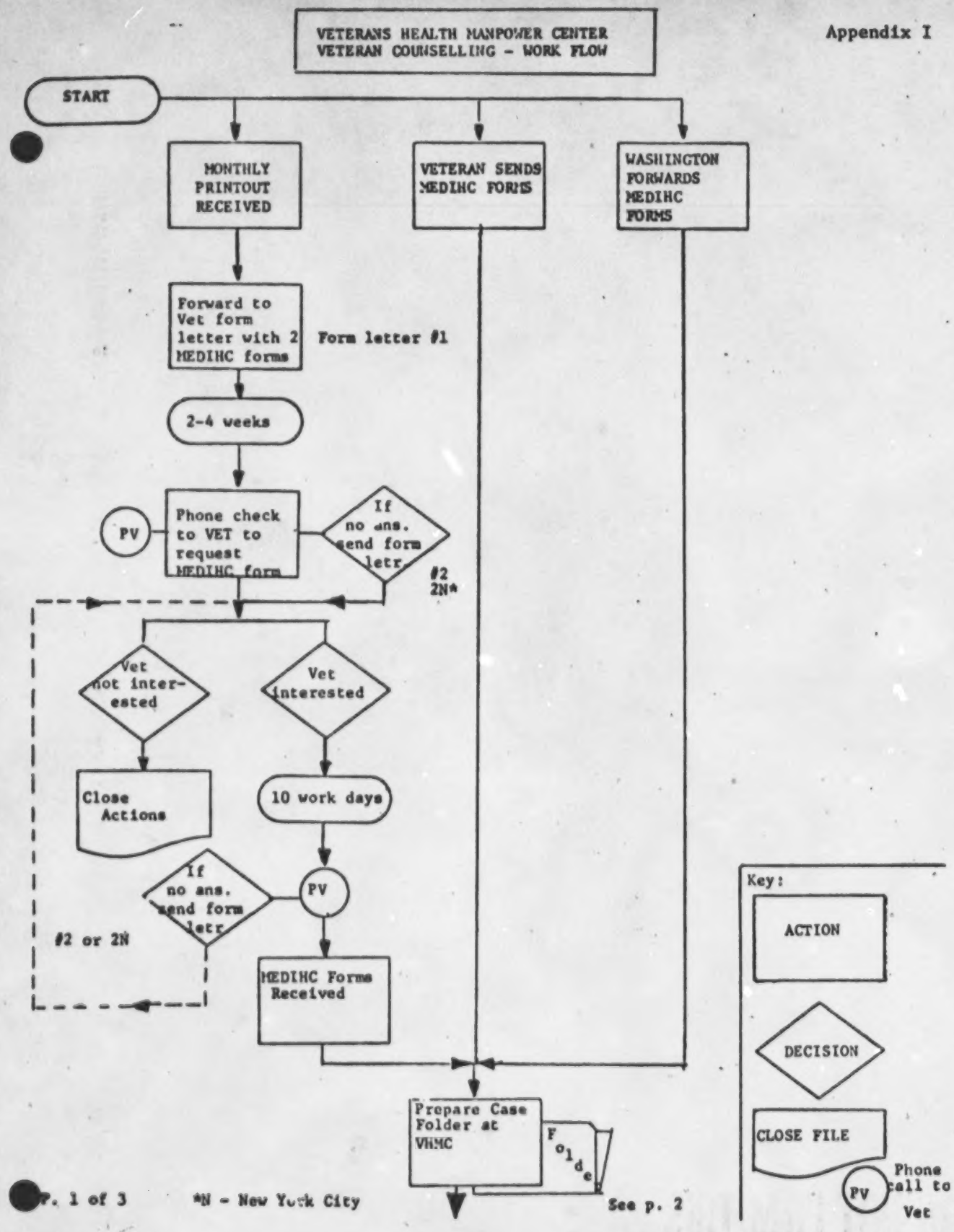
22. Waits 10 work days for information from veteran.

22a. If no reply, makes telephone contact.

23. Continues follow-up by letter or telephone until veteran is registered in school or finds full-time employment.

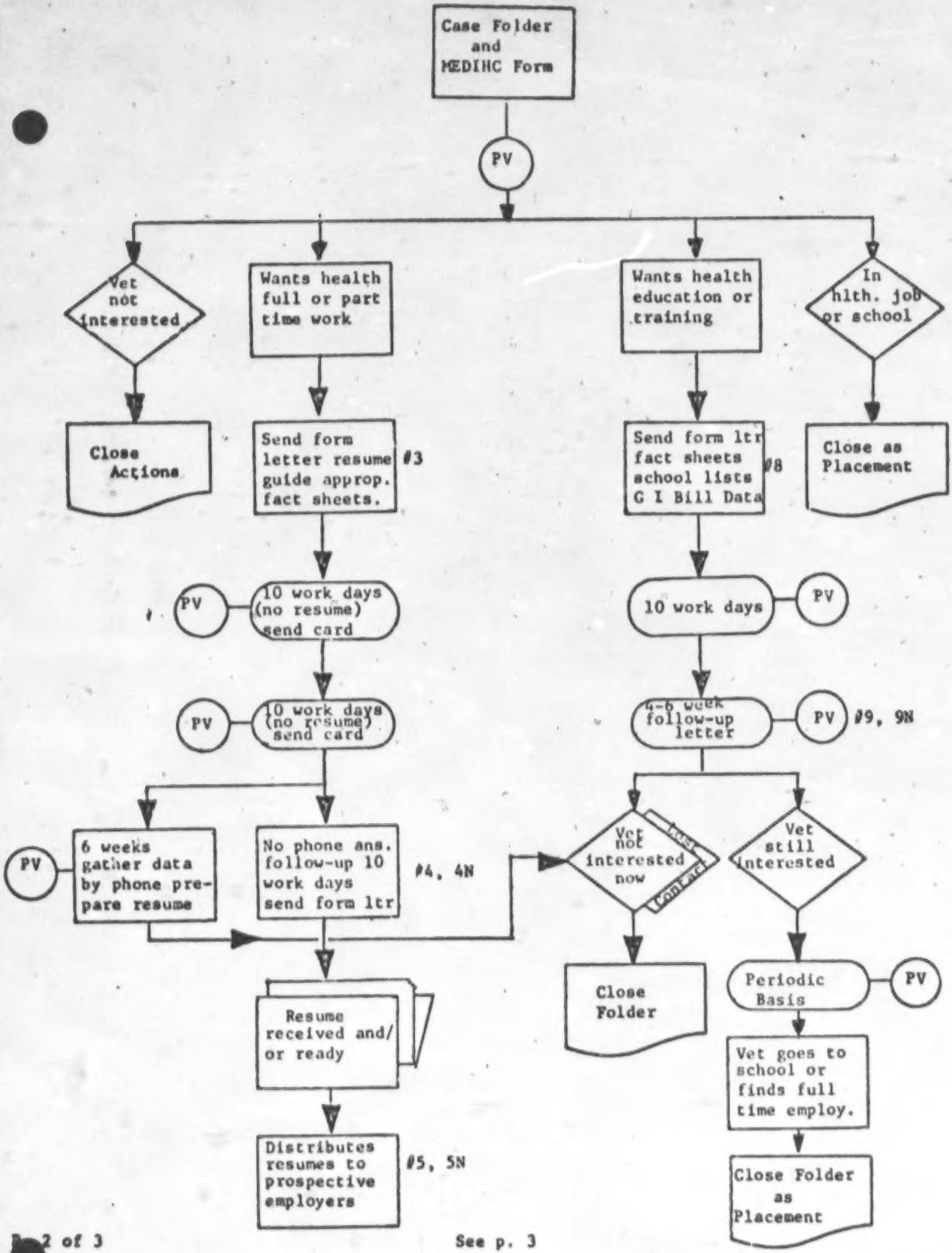
24. Closes case when it is determined that veteran is placed or no longer interested.

Appendix I



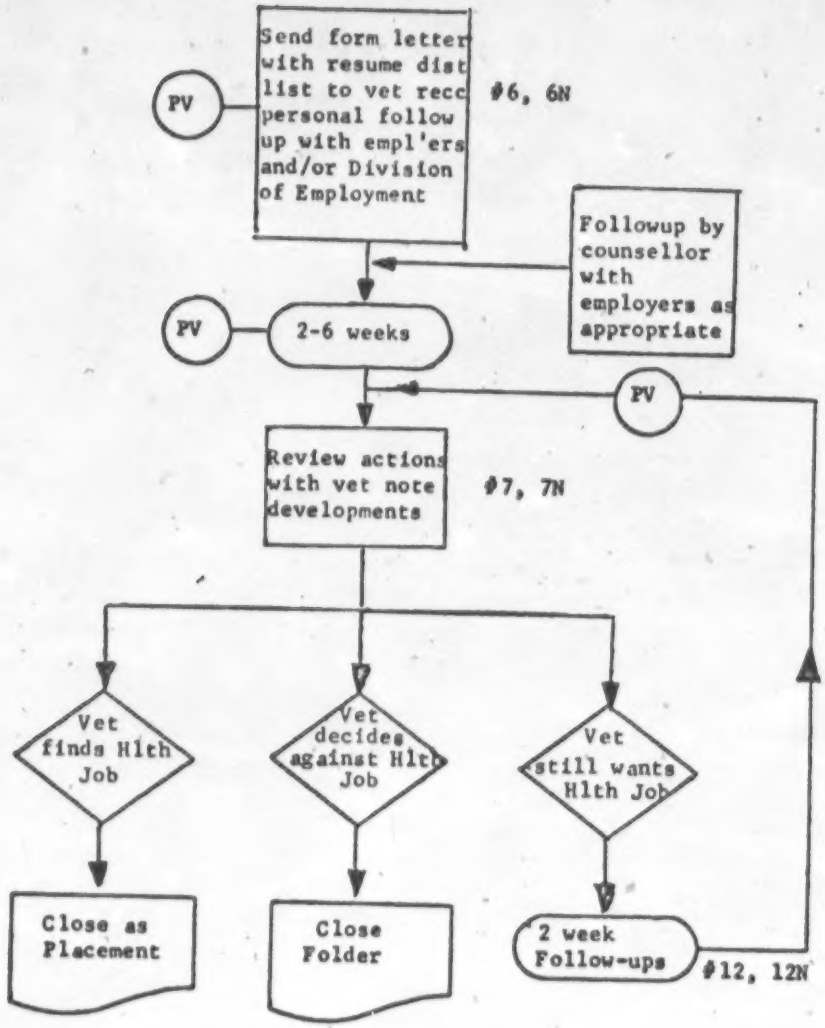
p. 1 of 3

*N - New York City


Case Folder and MEDIHC Form
PV
Vet not interested
Wants health full or part time work
Wants health education or training
In hlth. job or school
Close Actions
Send form letter resume guide approp. fact sheets. #3
Send form ltr fact sheets school lists G I Bill Data #8
Close as Placement
PV
10 work days (no resume) send card
10 work days
PV
PV
10 work days (no resume) send card
4-6 week follow-up letter
PV #9, 9N
PV
6 weeks gather data by phone prepare resume
No phone ans. follow-up 10 work days send form ltr #4, 4N
Vet not interested now
Mail postcard
Vet still interested
Close Folder
Periodic Basis
PV
Resume received and/or ready
Vet goes to school or finds full time employ.
Distributes resumes to prospective employers #5, 5N
Close Folder as Placement

2 of 3

See p. 3


Send form letter with resume dist list to vet recc personal follow up with empl'ers and/or Division of Employment
PV
#6, 6N
Followup by counsellor with employers as appropriate
PV
2-6 weeks
PV
Review actions with vet note developments
#7, 7N
Vet finds Hlth Job
Vet decides against Hlth Job
Vet still wants Hlth Job
Close as Placement
Close Folder
2 week Follow-ups
#12, 12N

P. 3 of 3

Appendix J was removed because it contained confidential information.